Washington State 2004 Health Professional Scholarship Program

Scholarship Application

"Benefit from being needed"

Instructions: *The application must be completed, printed in ink or typed, and submitted to the Health Professional Scholarship Program by* ***April 30, 2004.*** *Applicants* ***must*** *complete all sections and obtain all applicable certifications. To be considered complete, all applications* ***must be*** *accompanied by academic transcripts and three letters of recommendation from community leaders, faculty, training supervisors, and/or professional colleagues*

Personal

Name: _____ / _____ / _____ SS #: _____ / _____ / _____
Last Name *First Name* *Middle Initial*

Current Address: _____ Date of Birth: _____ / _____ / _____

City: _____ State: _____ Zip: _____

Permanent Address: _____ Driver's Lic. #: _____

City: _____ State: _____ Zip: _____

Telephone (day): (___) _____ Telephone (eve): (___) _____ E-Mail: _____

Career needs of spouse (if applicable): _____

Your Hometown: _____ Spouse's Hometown: _____

Your Ethnic Origin (optional): _____ Male: _____ Female: _____

Upon completion of training, do you have another service obligation? **Please note, program recipients cannot commit simultaneously to two service obligations.** No: _____ Yes: _____ Provide details below.

NHSC: _____ IHS: _____ Military: _____ Other (specify): _____

List three adults, including at least one relative, who are not students, who are living at different addresses, and who will know your address in the future. This information will be used in tracking recipients during the service repayment period.

Name/Relationship	*Address/City/State/Zip*	*Telephone*

Education

Undergraduate School: _____ GPA: _____

Degree: _____ Date Received: _____ Years/credits completed: _____

Graduate/Professional School: _____

Degree: _____ Date Received: _____ Years/credits completed: _____

Program Information

School you will be attending: _____ Program enrolled in: _____

Program start date: _____ Class level in school (2004-2005): _____

Are you applying for this scholarship to become nursing faculty? Yes: _____ No: _____ **If yes, you must complete Question #6 in the Personal/Professional Experience section of this application.**

Expected date of graduation/program completion: _____

Degree/certification expected: _____

Indicate the terms ***and*** number of credits for which you plan to enroll during the scholarship year:

Fall: _____ Winter: _____
Spring: _____ Summer: _____

I hereby certify that the applicant has applied to or is officially accepted into the _____ *program at this school and, if a continuing student, is academically in good standing.* ***(If not currently accepted, please submit official acceptance upon receipt. Verification of acceptance must be provided before award is granted.)***

_____

Signature of Dean/Director of Program *School* *Date*

Community Sponsor/Support

(Optional - Preference will be given to applicants who obtain community sponsor/support)

This section is intended to show a commitment to a community with a shortage of primary care providers. If this section is completed, the review will assume the service obligation will be completed in this community.

Location: _____ County: _____

Sponsor *(Clinic, hospital, organization, physician, etc.):* _____

Name of key contact: _____ Telephone: (____) _____ FAX: (____) _____

Address: _____

Describe the type of support you are receiving from this sponsor:

Sponsor Certification: I hereby certify the above information is correct and the applicant is receiving the support described.

_____

Signature of Sponsor/Representative *Title* *Date*

Personal/Professional Experience

(Make brief, concise statements)

1. Summarize your work/training/practice experience. Comment specifically on your experiences in rural/urban underserved areas.

2. Describe your long-range personal and professional goals.

3. Discuss your volunteer/professional community service and how it relates to your commitment to serve in a designated rural area/underserved population upon completion of your program.

4. Describe any life experiences you feel make you a good candidate for this scholarship. Include such things as multicultural experiences, languages in which you are fluent, hobbies, interests, etc.

(Continued on next page)

5. Describe your academic/professional achievements that are of particular relevance to this program.

6. NURSING FACULTY: Describe your plans to teach nursing in a Washington State nursing program.

Institution: _____ Address: _____

Name of contact: _____ Telephone: (____) _____

Agreement

I certify that the statements made herein are correct to the best of my knowledge. I authorize the Health Professional Scholarship Program to maintain a record of this information.

I agree to comply with all conditions of the scholarship and understand that I incur an obligation to repay the conditional scholarship with penalty and interest, unless I serve for a minimum of three years as a primary health care provider in a designated rural, urban underserved, or other health professional shortage area in the state of Washington. **I understand that, at the time of program completion, I can be required to complete my service obligation in the shortage area with the greatest need at that time.** I agree to accept Medicare assignments and Medicaid patients.

Signature of Applicant: _____ Date: _____

Attachment Checklist

_____ Signature of Dean/Director/letter of acceptance. ***(Required)***
_____ Three recommendation letters from training supervisors/professional colleagues. ***(Required)***
_____ Academic transcript(s) May be unofficial. ***(Required)***
_____ Signature of sponsor. ***(If applicable)***

Mail Completed Application to:

Health Professional Scholarship Program
Office of Community and Rural Health
310 Israel Road SW
PO Box 47834
Olympia, WA 98504-7834

Telephone: 360-236-2816
E-Mail: Kathy.McVay@doh.wa.gov
Fax: 360-664-9273

State of Washington

Health Professional Scholarship Shortage Areas

January 2004

Institutions

Health Professional Scholarship recipients may locate at any Washington institution or facility on the eligible institution list below regardless of profession. There are no geographic restrictions.

- State Correctional Facilities
- State Mental Health Hospitals
- Community and Migrant Health Centers (Federally-Qualified Health Centers)
- Any other facility (public, non-profit, or private) with more than 40 percent of its caseload consisting of Medicaid and sliding-fee discount schedule patients.

Shortage Areas by Profession

There are no geographic restrictions for practical or registered nurses at this time. They can be employed in any facility in Washington State providing primary care. Scholarship recipients must be employed in direct primary care and not in a specialty clinic or urban private physician office in Washington State. Shortage areas for the other professions are listed in the table below. *(The University of Washington WWAMI Rural Health Research Center developed Health Service Area [HSA] boundaries. HSAs are collections of zip codes surrounding a core health facility such as a hospital or local public health department.)*

Health Service Area (HSA)	MD/DO	Dentist	Registered Dental Hygienist	Pharmacist	Physician Assistant Nurse Practitioner Midwife	Licensed Practical and Registered Nurse
Arlington					X	No geographical restrictions. Can practice statewide in primary care.
Brewster		X	X			
Centralia		X		X	X	
Chelan		X	X			
Chewelah	X	X	X	X		
Clarkston	X	X	X		X	
Colfax					X	
Colville				X		
Concrete	X		X	X	X	
Coupeville		X	X	X	X	
Darrington		X				
Davenport		X				
Dayton	X	X		X	X	
Deer Park	X	X	X	X	X	
Eatonville	X	X	X	X	X	
Ellensburg				X		
Enumclaw			X	X	X	

Health Service Area (HSA)	MD/DO	Dentist	Registered Dental Hygienist	Pharmacist	Physician Assistant Nurse Practitioner Midwife	Licensed Practical and Registered Nurse
Ephrata	X	X	X		X	
Forks		X	X	X	X	
Gold Bar	X	X		X		
Goldendale		X	X	X	X	
Grand Coulee			X	X	X	
Ilwaco	X	X	X	X		
Ione/Metaline Falls	X	X	X	X	X	
Key Peninsula					X	
Leavenworth		X		X	X	
Longview				X	X	
McCleary	X	X	X	X		
Monroe					X	
Morton		X	X	X	X	
Moses Lake				X		
Mount Vernon				X	X	
Newport	X	X	X	X	X	
North Bend	X	X		X	X	
Odessa		X	X		X	
Olympic Peninsula			X		X	
Omak				X		
Orting	X	X	X	X		
Othello	X	X	X	X	X	
Pomeroy	X					
Port Angeles					X	
Port Townsend				X	X	
Prosser	X	X	X	X	X	
Pullman		X				
Quincy	X	X		X	X	
Republic	X		X	X	X	
Ritzville	X		X	X	X	
San Juan Islands				X	X	
Shelton	X	X	X	X	X	
South Bend	X	X	X	X	X	
Sumas/Mt. Baker	X	X	X	X	X	
Sunnyside			X	X	X	
Tonasket		X	X	X		
Toppenish		X	X	X	X	
Wenatchee					X	
White Salmon	X	X	X	X	X	
Yelm	X			X	X	

No geographical restrictions. Can practice statewide in primary care.